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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Nervous Deafness.

Translated from the French of "Duchenne, De l'Électrisation Localisée." Paris, 1861.

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(*Continued from page* 338.)

Case 10.—*Congenital deaf-muteness treated by Faradization of the cord of the tympanum, and of the motor muscles of the membrane of the tympanum.*—Mademoiselle Jenny C., deaf-mute from birth, has been treated by catheterism, and by all means hitherto known against that infirmity. Several modes of electrifying have also been employed without success.

The left ear seems to be a little less inert than the right; very strong and very sharp sounds appearing to affect it. The word *papa*, and her own prenomen are perceived and repeated; but those same words articulated with the mouth upon Jenny's hand are equally repeated by her, although she could not see the movement of the lips. The young girl is lively, sensible, intelligent, and very nervous; we may believe that tact aids her, as much as hearing, in perceiving these words. She hears the human voice a little; but it is impossible to make her perceive a single syllable beyond the two words which I have mentioned, or to ascertain any other symptom of hearing.

On the 9th of June, 1859, Monsieur, we commenced with your treatment, and the following is the result of my observations noted down daily, and at the close of every exercise. Jenny was then thirteen years old:—

On the seventeenth of June, after the ninth sitting, the left ear, which we will call the good one, seemed to perceive some sounds, a bell being rung near the ear, and an alarm set in motion in similar proximity are heard. Jenny readily perceives when the sound commences and ceases. Finally, some words of one and two syllables are heard; but there is an intermittence. On the following day, there is scarcely any hearing. We vary in that manner, from the seventeenth to the twenty-fourth of June. At the fifteenth sitting, the right ear, the bad one, that which has never heard anything, suddenly perceives the voice; several words of one and of two syllables are clearly distinguished and repeated. The left, or good ear, does not remain behind in improvement, and henceforth, both make progress together.

But we continue to have great variations. There are some days upon which we have no hearing; on other days, contrariwise, we are astonished at hearing words of one, two, and even three syllables.

On the fourth of July, notwithstanding your punctual attendance upon her, the hearing was entirely suppressed; the same was the case on the fifth. At length, a violent cold in the head declared itself, and at once explained our disaster. The treatment had to be suspended for a few days. But upon your advice, Monsieur, we continue it; and we finish your course of thirty sittings through this coryza, but without regaining the least hearing. The coryza persisted for a long time. It was not until the eleventh of July that it began to decrease; and, on the twelfth, there was already some improvement in the hearing. On the thirteenth, the hearing has risen up to a good average of the previous variations; and that degree was maintained, and even somewhat increased by exercise of the faculty. We then left for the country, and, during an interval of three months, we ascertained a progress thenceforward incontestable; it is from nothing to something. It is an immense step which enables us to exercise the hearing, and to seize and repeat a considerable number of words.

However, even this was but little; it was necessary to speak very loudly, and to speak very close to the ear, which rendered the exercises very fatiguing. The words, too, were often pronounced in a confused and unintelligible manner. The hearing was entirely wanting in acuteness; many vowels were indistinguishable from their phonetic neighbors; many consonants were confounded with each other, and no amount of practice could rectify that error.

Moreover, in spite of all the precautions that were taken against atmospheric influences, there were still very great inequalities, and the fixity

of a warm and dry temperature, produced no fixity in the improvement of our dear child's hearing.

On the twentieth of October, we resumed treatment, commencing on that day our second course of Faradization. The first sittings of that course produced no good result; relatively, the hearing was very bad. But at about the tenth Faradization, there was some progress; and for four or five days, the improvement became rapid. A great number of short phrases were heard in a tone little louder than that of ordinary conversation. But the variations in the hearing power soon became even greater than before. From one day to the next, the hearing would make a great improvement; but, on the third day, the advance would seem only to have been made in order that the retrogradation might be the greater. At about the sixteenth Faradization, a painful swelling appeared beneath the right ear, and the treatment had to be interrupted for three weeks. During that time, the few exercises which were possible at least served to show, and to maintain, a new progress. We then resumed treatment, and with it the variations again appeared. That second course of treatment ended only at about the end of December.

It was with real gratification that, during that interval, I ascertained a very precious progress in the hearing. The variations which have so afflicted us did not now occur, or at least they were far less considerable. There was no longer occasion to speak so loudly, even to make phrases heard that were somewhat longer than those formerly spoken in our exercises; and we were no longer obliged, as three months before we were, to apply, so to speak, the mouth to the ear. Indeed, I was often heard when speaking, in little higher than an ordinary tone, from a distance of two or three centimetres.

I will here remark that I several times fancied that in dry weather, frosty for instance, the acuteness of the hearing seemed to be rather diminished than increased. On the occurrence of frost, I frequently noticed a very decided diminution.

On the 17th of March, 1860, we commenced the third course; and my observations, carefully noted down every day, may be given in the following summary:—

From the first Faradizations of that course, the hearing, which had remained pretty steady during the interval, and in spite of the atmospheric variations of the winter, now became disturbed and weaker; but that state of things did not last long; and, on the twenty-third of March, there was already an improvement. But Jenny complained of pain in the ears, which the sound of the voice seemed to increase. On the third of April, under the influence of the treatment, the pain continued, and the hearing was much weakened. On the seventh, the hearing was very good, one could speak in quite a low tone; but the child was suffering, and complained much of pain around the neck and ears. The exercises were rksome to her. On the ninth, I ascertained a striking improvement in her hearing at a distance. Many sounds were heard at a distance, and sometimes even the voice. Thus, whenever I called to Jenny, she immediately turned toward me, and repeated her name.

On the thirteenth of April, the hearing was excellent; it had never previously been so good. If the improvement continue at the same rate, we shall soon be cured. On the following few days, we receded a little; but, on the twentieth of April, the improvement was considerable. The hearing was truly satisfactory, and displayed greater acuteness. On Sunday, the twenty-third, Jenny was present at the catechizing of the children in church; she heard the singing of the children, which gave her pleasure. She was quite proud of this; and, from that time, requested me to take her to church regularly. She assured me that, on that occasion, she could hear the voice of the catechist, though she could not distinguish his words. The hearing continued good to the end of the course, which was concluded on the second of May.

On the following day, she had a cold; and then behold us thrown back again. Jenny was reluctant to have her usual exercise. On the fourth, the hearing was very good, although Jenny was extremely nervous. A little more of acuteness and we shall be saved. The consonants are much better distinguished from each other. There was considerable progress. On the tenth, there was a great diminution; the lately acquired acuteness had disappeared. It was not until the sixteenth that the improvement returned in its activity, and then it did so but for a brief time. The child was so much annoyed by the voice—so fatigued by the slightest practice—that I feared that all was lost. The hearing was very bad; the condition of frame lymphatic and very sensitive. Jenny took steel medicine. That bad condition lasted until the twenty-fifth; and then suddenly, as on all former occasions, the hearing improved. The lesson was got through rapidly, and Jenny, under my dictation, (I spoke pretty close to her ear,) wrote an exercise of half a page. The cold, which had disappeared, now recurred very severely. On the twenty-sixth, the hearing was bad; on the twenty-eighth, excellent. From that time, the average was maintained; our acquirement was regular and appreciable. The result of that third course of treatment was good, and relatively considerable. The hearing has acquired acuteness, and, to a certain extent, is available at a distance.

Doubtless, we could not yet say that Jenny was, in the ordinary sense of the words, able to hear well; her hearing was not sufficient for social intercourse. It is, as yet, insufficient even for education; nevertheless, I already find it really and greatly useful.

But this young girl has an organization so impressionable, that the slightest moral influences affect her still feeble and imperfectly trained hearing. The timidity and disturbance caused to her by the presence of strangers, deprive her of a great portion of her resources. Under such cir-

cumstances, she far less readily distinguishes the words and phrases which she had heard only the minute before. Further, notwithstanding her great desire to communicate with those around, her vivid and impulsive nature revolts from a long-continued attention. These circumstances have hitherto prevented the persons, even of her own family, from being able to appreciate, as I can, the progress that she has actually made.

I have made another remark. When I see Jenny lively and joyous, and very willing to take her lessons, I feel assured that the hearing will be good. If, on the contrary, the sensitive little thing has been in any way annoyed, or if she proceed to the lesson merely in submission to a sense of duty and necessity, there will be a falling off, frequently to the same extent as to the goodness of the hearing. The clearer hearing, perceiving the surrounding sounds, does that influence the child's feelings? Or, contrariwise, does the general state of the frame act upon the hearing? I cannot answer that question; but I can positively, and from repeated observation, affirm the fact.

On the twenty-second of June, we commenced a fourth course of treatment, which had been interrupted, at first by Jenny's indisposition, and afterward by your absence, Monsieur, during a month; and it was not finished until the seventeenth of August. Must we attribute to that interruption, the little progress that we made during its continuance? In that respect, this last course has been inferior to the former ones. I would almost say that there had been nothing done if, notwithstanding a long journey and long holidays, my dear child had not returned to me hearing, at the least, as well as she did when she set out, though her hearing has had scarcely any exercise.

At this time, (30th of January, 1861,) after six months' interruption of the treatment, the hearing is better than it had ever previously been; and I may, I believe, without any exaggeration, say that we have progressed beyond the past. I will add, that supposing the hearing to improve no further, but not to deteriorate from its present state, it would be almost sufficient for the purposes of education.

Yes, Monsieur, the peculiar sensitiveness and timidity of this charming child have often prevented, not only strangers, but even members of her own family from appreciating her progress. But I, who have the consciousness and the conviction of all that we have acquired under the influence of your treatment, cannot, when I reflect on all that has been given by the past, refrain from hoping for further improvement in the future.

I earnestly desire that day to arrive on which we may resume the beneficent treatment, which has been interrupted by circumstances over which I had no control.

Truth, and the most vigorous observation, carefully committed to writing every day, have dictated the information which I now have the honor to transmit to you.

The three cases of deaf-muteness reported above furnish their own conclusion; they incontestably prove that certain descriptions of deaf-muteness can be ameliorated in various degrees.

Their diagnosis cannot be doubted. Moreover, to anticipate all objection on that head, I have invariably submitted that to the most celebrated aurist-surgeons.

We do not, as yet, know all that this mode of Faradization, applied to the treatment of deaf-muteness, is capable of effecting. My experiments have been made upon only a few subjects, and I have neither time nor inclination to experiment on a larger scale. Perhaps that mode of treatment will some day produce the complete cure of certain forms of deaf-muteness; but, as I have shown above, I have hitherto only been able to effect a half cure.

Is that of any service? In other words, is it of any use to render the wholly deaf only half deaf? If the question be put to those who have observed the influence of the birth and development of the hearing upon the moral state, and the educational receptivity of those unfortunate deaf-mutes, the answer to that question is not doubtful.

Case 8 furnishes a most eloquent answer to that question. We have not forgotten how happy and how rapid were the modifications which the first auditory sensations impressed upon the moral, and especially the affectionate feelings, and the educational receptivity in the case of the young Raymond, previously so savage and intractable that every one, with the exception of his mother, considered him to be almost an idiot.

To be continued.

Pain: a Symptom of Pulmonary Tuberculosis.

BY A. P. DUTCHER, M.D.,

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There are few symptoms more generally present in disease than pain. It is this which renders sickness so trying and hard to bear. And it is this which has led many good people to regard disease as a visitation sent from the great moral governor of the world to punish mankind for their sins. This opinion is based upon the idea that there is a connection between punishment and suffering, as cause and effect; but, however associated these two ideas may be in the mind, we are not willing to admit that there is any logical connection between them. Physiologically con-

sidered, pain is designed to give us timely warning of whatever deviations from a state of health occur in any part of the system.

If there were no such thing as pain, many diseases would take place without the individuals having any knowledge of them. With the exception of a certain class of dislocations, the mechanical inconvenience of which give timely notice of their occurrence, we should be ignorant of almost all the other accidents or diseases we are subject to, only for the pain that attends them. Hence pain, instead of being a judicial punishment, physiologically considered, is a great blessing, inasmuch as it prompts us to take efficient measures for the recovery of our health as soon as we have been warned of its invasion.

Pain, therefore, as a symptom of disease, is of great use in assisting the physician in finding out the seat and nature of many internal disorders that afflict the body, but which, from their nature, position, and obscurity, could not positively be determined without it. Take, as an example, some of the obscure inflammatory disorders of the lungs, bowels, and brain, the management of which, though having certain points in common, differ in each according to the difference of their structure and function. To enable us to determine the best course to be pursued in treating any given case, we must be able to determine beforehand what is the precise malady we have to contend with.

In very many diseases the constitutional symptoms are so nearly alike that no very positive knowledge can be derived from that source; and, although there may be other symptoms of a particular kind depending upon the form, position, and office of the different organs, which, when discovered, leave no doubt upon the mind as to the nature of the disease, yet they are too obscure in their primary stage, and sometimes too slowly manifested, to answer the purpose of giving timely warning for a correct and satisfactory diagnosis. Pain, therefore, presents itself as one among the very first symptoms of disease in the suffering organization, and directs our attention at once to the particular part where disease is working its fearful mutations.

But when we contemplate pain as a symptom of certain local lesions, observation has taught us that it has to be taken with many qualifications. Thus we know that pain may arise in a particular part, either from excessive impression on the nerves of sensation, or from excessive sensibility of these nerves. When pain arises from internal disease, it is mostly from the latter cause; but it is not uncommon to find them combined, as when a tumor presses on a part morbidly sensitive. The most frequent causes of pain, however, are inflammation, certain vascular excitements which are nearly allied to it, and primary exaltations in the nervous functions.

As inflammation is only one of the causes of pain, so the pain present in inflammation is not always a sure index of its extent or situation. Frequent and extensive inflammation of the bowels, liver, and lungs have been known to occur, producing but very little if any pain. It also frequently happens that pain is not confined to the location of the part affected, but at a distance from it. We have examples of this in some forms of hip-joint disease, where the chief pain complained of is in the knee; in pulmonary tuberculosis, where the disease is almost confined to the superior lobes of the lungs, while the pain complained of is mostly low down in the side; and in bronchitis, where the pain is confined to the sternal and scapular regions, while the disease is located in other parts.

To fully understand and rightly interpret pain as a symptom of phthisis, it will be useful to contemplate it as it manifests itself in other forms of chest diseases. Practical observation has confirmed the fact that the pain of pneumonia and bronchitis is dull and diffused, while that of pleuritis and pericarditis is sharp and lancinating. The reason for this may be found in the fact that the pneumogastric nerve, which supplies the bronchi and lungs, is not so sensitive as the spinal intercostal, which supply the pleura and pericardium. And again, for this same reason, there is commonly more acute pain when the costal pleura is inflamed, than when the pulmonary pleura is the principal seat of such serious disorder.

A further consideration of these different kinds of pain will establish the idea that they do not originate from the same source. The dull, heavy, or aching pain of pneumonia is constant, and, although it may be increased by full inspiration, yet, then, it gives the feeling of soreness under the sternum, rather than a sharp pain. In pleurisy, on the other hand, the pain is sharp, extreme, and sometimes intolerable. Even in ordinary breathing it causes that sharp stitch of the side, that sudden catch of the breath, which is regarded by all physicians as so characteristic of pleurisy.

When the attack of pleurisy is very acute, the patient is often compelled to hold his side to lessen its intensity, by restraining the motions of the chest, and thus placed in opposition to the sensation which prompts the act of respiration, this sharp pain may cause such voluntary restraint of these acts as to bring the patient to the very verge of suffocation. It is under such circumstances that the breathing becomes partial, and the sufferer, whom pain compels to breathe only with the diaphragm, or with one side, will perform this supplementary respiration so well that he is completely free from pain, although the inflammation may be still in progress, and matter accumulating with great rapidity in the cavity of the chest.

I recently met with a very interesting example of this kind. It was that of a lad, aged fifteen. From exposure to wet and cold, just after a severe attack of measles, he had what his physician called the lung fever. Not recovering from this malady as fast as his parents thought he should do, I was invited to see him. He had now been ill for four weeks. His pulse was 120 per minute, and respiration forty-six; tongue moist and clean; skin warm and very moist; urine scanty, and very high colored; appetite good, and bowels regular; countenance pinched, with a bright hectic flush upon the cheeks; chills and fever every evening; cough and mucous expectoration; complains of no pain in the chest, and, as far as I can learn, has never had any during his illness; mind cheerful, and rests well at night when under the influence of morphine.

On examining the chest the following physical signs are elicited: inspection shows an inequality in the two sides, the right being sensibly larger than the left, and the intercostal spaces in its lateral and inferior portion more distended than natural, and when pressed give a distinct sense of fluctuation; the respiratory movements unequal; in the right side they are entirely suspended, in the left greatly augmented. On the right side percussion yields a dull sound from its summit to the base, while on the left it is somewhat clearer than in health. Auscultation elicits no respiratory sounds in the right, while in the left they are very much increased, with loud mucous rhonchi all along the track of the larger bronchia. The heart was laboring most prodigiously, and its pulsations were distinctly felt and heard all over the affected side.

From the above symptoms and physical signs the diagnosis was very pronounced. Antecedent pleurisy and its sequence—a considerable abscess in the cavity of the chest. He was placed upon the use of opiates, tonics, and a nutritious diet. In ten days from my first visit, the abscess pointed in the fifth intercostal space, and was punctured just below the nipple, and discharged a large quantity of semi-purulent matter. From this time he gradually improved in health, and ultimately recovered, with his right lung very seriously injured by his pleuritic disorder. His physician had been very careless in his examination, never once percussing or auscultating the chest to ascertain its true condition. He had no faith in physical signs, depended altogether on general symptoms in making out his diagnosis of chest difficulties, and as the patient never complained of pain in the side, he was very much chagrined at his mistake. This case should teach us to be more careful in our examination of patients of this kind. The general symptoms, as we have already frequently remarked, may point out the chest as the seat of the disease, but its precise location and its nature can only be determined by the physical signs. In this case one of the most marked general symptoms of pleurisy was absent, namely, *pain;* yet if the physical signs had been interrogated at the very commencement, they would have given a direct clue to the nature of the malady, and thus proper treatment could have been instituted, and much subsequent suffering avoided.

But let us return from this digression. Pain in the chest is one of the most equivocal symptoms of pulmonary tuberculosis. Some writers maintain that it is almost always present, while others declare that the great majority of patients do not suffer in the least from it. We can very readily believe the latter, when we reflect that with the exception of the brain and spleen, the lungs are the most insensible organs in the body. And we have also just seen how large abscesses may form in the chest, and press upon them in such a manner as to prevent them from performing their proper functions, and yet the individual complain of no pain, or at least not sufficient to lead us to suspect such extensive injury. I have on several occasions met with extensive tubercular disorganizations in the lungs, and yet the patient has complained of no pain or even uneasiness in the chest. Drs. Bennett and Morton have both recorded cases of this kind. Dr. Morton mentions the case of a woman who died of a

hepatic affection, and on post mortem he found nearly the whole of the superior lobe of each lung destroyed by tubercular disease, although there had never been any pain in the chest, or any other symptom of pulmonary affection. Patients of this description often express themselves as greatly astonished, when you explain to them the nature of their disorder, and the probability that they will never recover. "It cannot be possible," said a young man to me one day, "that my lungs are in the condition which you have described. I know I am a little short of breath when I attempt to walk fast, and cough some in the morning when I rise, but my voice is good, I have no pain in my chest, and if it was not for this sense of weakness I feel when I attempt to exercise, I am as well as I ever was." Poor fellow, he died in four months after this without scarcely having suffered a pain.

But such exemption from all pain in phthisis is not very common. Most patients, some time during the progress of the disorder, will complain of more or less pain in the chest. Frequently it comes on at the commencement of the disease, and annoys the patient throughout its whole course. In other instances it may be deferred until the tubercular affection has made considerable progress, when it will suddenly attack the patient, and produce the most intense suffering. When it assumes this character, that is when it is very acute, comes on suddenly, and is located low down in the side, it is generally indicative of intercurrent pleurisy; when just under the mammary region, it will commonly be found to depend either upon congestion or pneumonia. But when it depends upon tubercular deposits in the superior part of the lungs, it will be located just under the clavicle, extending even to the shoulder or scapula. I have seen instances where it was confined exclusively to the shoulder. The character of the pain, when confined to the parts just named, is analogous to that complained of by patients suffering under a mild form of rheumatism; it is never intense, like that of pleurisy, or increased by full inspiration. Indeed, the pain of phthisis is sometimes exceedingly migratory in its character, wandering even to distant parts of the system, and rendering the patient very unhappy by its cruel freaks.

The practical lesson, therefore, to be deduced from the character of pain, as it is presented to our view in pulmonary tuberculosis, is that when it is very mild, amounting to nothing but a disagreeable uneasiness, it is a symptom of little significance; but, on the other hand, when it is fixed and very acute, it is a symptom of great moment, it is usually an outstanding sign of intercurrent inflammation, which demands our most serious attention and our most prompt and active exertions for its subjugation. These intercurrent inflammations of the pleura and pulmonary tissues are the most serious lesions that complicate this most fatal malady. More patients die with them than from the tubercular deposits alone. If it were not for these complications phthisis would be a very simple and painless disease, and would more frequently result in recovery. And that physician will be the most successful in treating it who promptly meets and overcomes all those collateral disorders which are so common throughout the whole course of the disease. And medical science is not destitute of abundant instrumentalities for the accomplishment of these ends, if they are carefully studied and faithfully applied.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.

RENAL PARASITES.

In the *Cincinnati Med. and Surg. News* for February, Dr. H. L. Kimberlin, of Indiana, has an article under the above heading, and details a case which he regards as unique.

The patient was a man, aged fifty-five, laboring under an obscure disease, the prominent symptom of which was "a very queer backache." Thirty drops of oil of turpentine was ordered, and repeated every four hours, until four doses were taken. Under the turpentine the urinary secretion increased, in which secretion was a vast number of worms. In the patient's own language, "there was not only both hundreds and thousands, but there was a million of worms, from one-sixteenth to one-eighth of an inch in length, and the size of a very fine thread; very active, and lived for some hours, moving by a serpentine motion; head and tail pointed, and of a whitish color." Dr. Kimberlin thinks the pelvis of the

kidney must have been the habitation of these worms, and says: "All the medical authorities that I have examined are entirely silent in regard to *renal parasites*. I conclude, therefore, that to them, as well as myself, it must remain a mysterious anomaly."

Authorities are not, as the doctor thinks, silent upon the subject of renal parasites. In the first volume we take from our shelves, we find a reference to such. Dr. James Copland, speaking of the *distoma hæmatobium*, refers to their presence in the *urinary bladder*, and describes the alterations which they there produce. He says, further, "the mucous membrane of the *ureters*, either alone or with that of the *bladder*, or even with that of the *pelvis* of the *kidney*, in rare cases, is attacked in a similar manner." (*Copland's Dictionary of Medicine*, vol. iii. p. 1536.) Other authority might be cited, but want of time and limited space will not justify further investigation and record upon this subject.

CHOLERA INFANTUM.

In the *Buffalo Med. and Surg. Journal* for February and March, Dr. Henry Nichell has an able paper upon cholera infantum. We make the following extracts from his method of treatment:—

"The chief indications in the treatment of cholera infantum are—to control vomiting and purging; to create a free biliary secretion; to support the powers of life, so as to prevent either a rapid collapse in the acute form, or any considerable degree of exhaustion and prostration in the more chronic cases; and, finally, to remove the causes of the disease so far as possible. In the commencement of the attack the irritability of the stomach should be allayed without any loss of time. If the disease presents a mild character, and there exists but moderate vomiting, together with more or less acidity of the primæ viæ, the employment of some alkali appears to be rational. Lime-water and fresh cow's milk, half a teaspoonful of each, mixed together, and given every half hour, or oftener, for several hours, will usually suffice to arrest it. In addition to this, in order to correct the frequency and character of alvine dejections, I have been in the habit for many years of prescribing, almost invariably, the following:—

℞.—Hyd. chlor. mit., gr. ij;
Pulv. Opii,
Pulv. Ipecac. āā gr. j;
Magnes. Carbon. gr. xij. M.
F. Pulvis.

Divide into twelve parts for a child of two years. One powder every two hours, to be continued as long as the alvine discharges are profuse and watery. When, however, they become less frequent, and assume a more healthy character, the powder should be administered every three, four, six, or eight hours, or even suspended. The attending physician should obtain full information of the effect of remedies containing opium, at least two or three times daily, in order to be able to forbid its use, should it for any reason be counter-indicated."

Dr. Nichell regards opium as powerful for good in these cases, but as an agent requiring watching, lest harm may result from its use. In regard to treatment, he further adds:—

"When the vomiting is violent and frequent, creosote is a very reliable remedy. The addition of two drops of creosote to a fluid ounce of lime-water, given with milk, in half-teaspoon quantities of each, every one or two hours, or even after each vomiting, will prove beneficial in many cases. At the same time a large sinapism should be applied over the abdomen to produce some counter-irritation. Should creosote, however, fail to control this symptom, I have mostly succeeded with the solution of the acetate of lead, as recommended by Dr. Condie, or by the employment of subcarbonate of bismuth, in from three to five grain doses, given every two hours, for a day or two, by which also the discharges from the bowels become altered and less frequent. Should vomiting still persist, while great exhaustion and rapid collapse are threatening, very small pieces of ice should be placed on the patient's tongue every eight or ten minutes, and brandy and toast-water mixed together, should be given in teaspoon quantities, from time to time. Stimulating injections, containing a teaspooful of brandy, may be made use of under these circumstances. As there is no doubt the patient is suffering from pain in the bowels at times, either at the commencement or during the further course of the complaint, the application of warm poultices over the abdomen for a day or two appears rather preferable to the employment of leeches, which but too often will induce exhaustion and even collapse. To arrest profuse watery discharges from the bowels, acetate of lead seems to be indicated; it is a most important remedy in cholera infantum, especially in those cases where the watery dejections are very copious and frequent, and the patient is already debilitated. There is no other remedial agent within the entire materia medica which will arrest these discharges so promptly. It should be suspended as soon as the discharges lose their watery character. After this, chalk mixture, with the addition of tannin and tincture of opium, or the gallic acid, may be employed for some time, to prevent any relapse of the disease. In the more advanced stages, when the continuance of the discharges is gradually followed by a state of prostration, and more or less emaciation, astringents, in combination with tonics, as tannin, quinine, etc., should be used. In chronic cases, where the discharges are found entirely inodorous, consisting

of a mixture of jelly-like mucus and watery fluid, at times perhaps stained with blood, together with absence of pain in the abdomen, the spirits of turpentine will frequently prove a very valuable remedy when perseveringly employed. In very obstinate instances of *diarrhœa*, characterized by absence of pain in the bowels, after many other means have been tried in vain, the liquor persesquinitrate of iron may be given in five-drop doses, three times daily, and gradually increased to fifteen, to a child of two years."

At this season of the year, the subject of cholera infantum is one of paramount interest, and we trust we shall be excused if we amplify a little. Our friend, Dr. E. H. Parker, has an able article upon this subject in the *American Medical Monthly* for May, 1857. From that article, though a little more than five years old, we propose a quotation or two:—

"When vomiting occurs with profuse discharges, that is, when the stage arrives to which the name of cholera infantum is given; if it comes suddenly, and there is a suspicion of undigested food in the bowels, a mild purgative may be given, and the best is syrup of rhubarb. This, however, should not be attempted more than once, unless the stomach has become quiet. Many, it is well known, prefer calomel in a cathartic dose, and it is easily taken, and does not nauseate by its taste, but it is, to my thinking, too violent and irritating a cathartic. The vomiting should be allayed by the use of bits of ice, (not teaspoonfuls of cold water, for that will not do it so rapidly,) which may be swallowed whole if desired; by mustard poultices, small ones, to the pit of the stomach; by quiet, and not attempting to fill the stomach with food. The warm baths should be continued; mild opiate injections or suppositories may be used, and an early resort be had to stimulants when symptoms of exhaustion appear. These may be given in almost any form, certainly in any that agrees with the stomach. At one time they will be best borne cold, at another hot; sometimes diluted with water only, sometimes with milk, as punch or whey; but all of these forms are to be selected from according to the occasion. At times these will not stay upon the stomach in any form, and then it is that bathing with diluted spirits should be carefully attended to. In this disease it is important to continue to try to save life as long as a spark of it remains, for from the most unpromising condition recovery sometimes rewards the diligent and faithful attendant.

"When the disease becomes chronic, it is necessary to pursue a similar, and yet, in some respects, a different treatment. The chief difference is in the mode of procedure when there occurs a series of bloody discharges—that is, when the colitis is more severe and prominent, and when the condition approaches that of dysentery. For several years I have, in this state of affairs, used with satisfaction a mixture of about ten grains of blue mass, rubbed up in two drachms of syrup of rhubarb, to which is added one-half teaspoonful of paregoric and four ounces of chalk mixture. Of this a teaspoonful every two or three hours is the dose. The blue mass certainly does not act like the calomel, not producing in purgative doses so great prostration, and in small doses it does not lessen the proportion of fibrin in the blood, as is the case with calomel. Hence calomel is the better agent when the intention is to arrest the exudation of plastic deposits, as in the inflammation of serous membranes. It is probable that the portion of mercury in the blue mass, which becomes converted into the black oxide, is the beneficial agent, and in this idea I have been confirmed by noticing the effects of the black oxide of mercury prepared by means of ammonia. This, which some homœopathists use under the name of 'soluble mercury,' is a valuable remedy, and is worthy of more general attention from its good effect and from the facility with which it is taken by children when rubbed up with sugar. It is of course understood that I do not recommend any dilution for the sake of potentization.

"In this state opiates, if none are contained in this mixture, are often of very great benefit when given with discretion—that is, in proper doses, not too frequently repeated. Notwithstanding the prejudice against their use, I hardly know what we could do without them; certainly they expedite recovery."

DYSENTERY.

Somewhat akin to the above subject is that of *dysentery*. In the *Buffalo Medical and Surgical Journal* for January, 1857, we published an article upon the subject of dysentery and its treatment. In our *Monthly Summary of American Medical Journalism*, published in the *A. M. Monthly* during the years 1859, 1860, and a part of 1861, we had frequent occasions to repeat our views in regard to the treatment of dysentery. Since our *Summary of American Journalism* was commenced in the Reporter—nearly a year and a half ago—we have had several occasions to refer to that treatment, but have not given it in detail. We have received letters from almost every section of the country requesting information upon the subject, or a republication of some former article. The publishers of the Reporter have received similar letters, and we urge the above facts as an apology for again referring to the subject; and in doing so, we shall try to "render unto Cæsar the things that are Cæsar's."

From the commencement of our practice—in 1848, up to 1855—we were in the habit of treating dysentery in the ordinary manner as detailed

in the books. In the *Western Lancet* for June, 1855, we saw a published letter from Dr. D. B. Dorsey, to Prof. George Mendenhall, both of Cincinnati, in which a new method of treatment was described. Dr. Dorsey professed to have learned it from Dr. F. Lemoyne, of Washington, Pa. Of the treatment, Dr. Dorsey thus sums up his own experience :—

"More than twenty years' experience in the use of this agent, has convinced me that there is not a more reliable one in the materia medica. In a practice, not very limited, in the cities of Wheeling, Va., and Steubenville, Ohio, in the latter of which dysentery prevailed as an epidemic twice or thrice during my residence there, I had the high gratification of seeing all recover who were treated with this remedy from the commencement of the attack, except an elderly lady, who had chronic dysentery for twelve years, and who did not take the medicine as prescribed."

This experience seemed quite too favorable to be passed over in silence. We knew we had lost at least one in ten, and, perhaps, one in eight treated in the usual manner; I mean of unmistakable dysentery or "bloody flux." We had very soon occasions to put the treatment upon trial, and the result was satisfactory far beyond our most sanguine expectations. Not willing to wait for "twenty years" of experimental test, we published an article, giving our opinions and experiences, only a year and a half after reading Dr. Dorsey's experience. Subsequent experience has not changed our opinions; but more extended subsequent reading has induced us to believe that many others are of the opinion that the treatment about to be referred to is the most successful as yet known.

As we claim not the honors of originality, we shall quote from Dr. Dorsey's letter :—

"Take of saturated solution of sulph. magnesia, *seven fluid ounces;* aromatic sulphuric acid, *one fluid ounce.* Mix.

"The saturated solution is prepared by dissolving Epsom salts in an equal quantity of water, *by weight*, at 60° Fahrenheit. It will be ready for use in eight or ten hours. During that time it should be shaken occasionally.

"The medium dose of this medicine for an adult is one tablespoonful, administered with two or three ounces of water, every four or six hours, until it gently moves the bowels. It should be given regularly and perseveringly, until the bowels are manifestly under its influence, which will be evinced by feculent discharges, abatement of tenesmus, and general feeling of relief. The size of the dose, and times of repeating it, must be varied by the practitioner's judgment, according to many circumstances of age, violence, and stage of disease, etc. Sometimes it will require two tablespoonfuls of the medicine, every three or four hours; at others, a teaspoonful, every six or eight hours, will be sufficient.

"Accompanying each dose, when the pain and tenesmus are great, one-sixth of a grain of sulph. morph. may be given. But this remedy, also, must be varied, both in quantity and frequency of repetition, according to circumstances."

We have seldom found it necessary to exceed tablespoonful doses; but instead of giving once in four or six hours throughout the twenty-four, we have usually commenced with it in the morning, to be repeated, every three hours, until it operates, usually combined with a small quantity of morphia. This course we repeat every day, so long as the indications demand. During the remainder of the twenty-four hours, we give such remedies as the circumstances of the case seem to require, of which opium ordinarily forms a conspicuous part. It may not be amiss to say here that mercurials are incompatible with the mixture.

In the *Semi-Monthly Medical News* for November, 1859, Dr. W. L. Sutton has an able article upon the subject of dysentery, in which he highly commends opium and Epsom salts. He says :—

"A full dose of laudanum, say sixty to one hundred drops, with an ounce of Epsom salts, is a very good prescription. The opium quiets the bowels for ten or twelve hours, when the salt operates, bringing free liquid stools, without griping."

A few repetitions and the disease is cured.

Dr. L. P. Gebhard, of Philadelphia, has employed cathartics in dysentery, and says he no longer considers dysentery a formidable disease.

Others have recommended cathartics in dysentery, but it is unnecessary to particularize.

From the promptness and uniformity which follows the action of the mixture above given, we cannot resist the impression that it acts otherwise than as a simple cathartic. Its action has seemed too specific and reliable for that. Further observation may determine whether the salts without the acid will do as well, or whether any other cathartic will prove as promptly and surely curative.

PREPARATIONS OF CALAMUS.

1. *Calamus Cordial.*—From experiments made by G. E. Hayes, the following formula appears to be the most available and pleasant: ℞. Fluid extract of calamus, two fluid ounces; tincture of cinnamon, two fluid ounces; syrup of orange

peel, seven fluid ounces; French brandy, seven and a half fluid ounces. Mix. A tablespoonful represents nearly four grains of the root.

2. *Trochisci Calami.*—A very agreeable preparation for cases of flatulency and dyspepsia. Rec.: White sugar, six ounces; fluid extract of calamus, one fluid ounce; oil of fennel and oil of anise seed, of each twenty minims. Rub them together, and with mucilage of tragacanth form a mass which is to be divided into 160 lozenges.

3. *Calamus Tooth Powder.*—Successfully employed by Dr. Pitschaft in scorbutic or ulcerated affections of the gums and carious teeth. Rec.: Calamus root, half an ounce; charcoal, one drachm; Castile soap, one drachm; oil of cloves, twenty minims. Rub them together into a very fine powder.—*Amer. Journ. of Pharmacy.*

Foreign Periscope.

[By A. Metz, M.D., Massillon, Ohio.

[*Verhandlungen der Gesellschaft fur Geburtshulfe in Berlin.* Dreizehntes Heft, 1861.—A volume of 160 pages, full of interesting matter, as the large number of distinguished names found on the list of contributors would lead us to expect. From among the numerous topics discussed, we propose to make a few selections.]

PODALIC VERSION TO SAVE THE CHILD IN CASES OF NARROW PELVIS.

Dr. Martin, after some introductory remarks concerning the views of former physicians opposed to version, as Stein the older, Nägele the father, and Michaelis, took into consideration the views of Simpson, Osiander, Baudelocque, etc., who have practiced version in narrow pelvis. Dr. M. contends that in cases of too small pelvic passage, version can be no advantage. The circumstances are different where there is disproportion between the two pelvic halves. Should the head be arrested in the smaller half of the pelvis, delivery will only be accomplished by turning the head, so that the larger diameter of the head will pass through the larger half of the pelvis, when its passage will be easy.

He thinks he sees in this an explanation of the fact that with some women delivery may be easy several times in succession, and then in a subsequent labor the head will not be able to enter the pelvic strait, which is owing to narrowness of the side on which the head rests. Version will change the position of the head, and facilitate delivery.

The members of the Society generally acquiesced with those views. Dr. Wegscheider thought that the diagnosis of narrow pelvis is so difficult as to interfere with the practical application of the expressed theory. Dr. Mayor contended that the complete introduction of the hand is quite sufficient to diagnosticate the comparative size of the pelvic halves.

EXTERNAL VERSION IN TRANSVERSE POSITION OF THE CHILD.

Dr. Martin, by the written request of Dr. Ignatius Langer, in Davenport, North America, laid before the Society a circular, wherein Dr. L. calls on all physicians to give their experience in external version in transverse position of the child. Dr. L. is not only convinced of the value, theoretically, of the teachings of Wigand, Velpeau, Ritgen, Martin, Mattei, etc., but has obtained most satisfactory results practically.

Dr. Martin said that in the second volume of his *Beiträge zur Gynäkalogée*, (Jena, 1851,) he published an article on the external version—version by external manipulations—in which he not only *a priori* promises the most favorable result for mother and child, but says that he and others had accomplished it. This method of turning, which in its safety competes with turning by the head internally, demands two conditions for its fulfillment: sufficient movability of the child in utero, and either the presence or but recent evacuation of the water, and the absence of any condition demanding a speedy termination of the labor.

In all the conditions wherein authors have recommended turning by the head internally, the external method is to be preferred, as the uterus incurs less danger. Internal cephalic version demands a sufficient dilatation of the mouth of the womb, and therefore it cannot be performed so early as the external method. Since the publication of the seven successful cases in the work above named, Dr. Martin has had the opportunity three times to test this method to his entire satisfaction. Besides, his assistant in the *Poliklinik*, Dr. Klaproth, successfully turned to the head the second child of twins by external manipulations.

In order to promote a more frequent resort to this method of turning, it is necessary that the *sages femmes* be more carefully posted on the diagnosis of malpositions; and that they practice the external examination more than they have

been in the habit of doing, so that the physician may be called in early.

In reply to the inquiry, whether the members of the Society had advantageously practiced version by the external method, Dr. Körte reported a case that occurred in his practice in 1847. The woman had given birth to several children, and had a loose, hanging abdomen. The transverse position of the child was clearly diagnosticated through the abdominal walls, and the attempt was made to push the breech of the child upward. But as its position constantly varied, he directed the woman to lay on the opposite side; and the part of the abdomen corresponding with the head of the child, he firmly bolstered up, so as to fix it. He thus succeeded in several hours, when the breech ascended, the head entered the pelvis, in which manner the child was born.

Dr. Paasch also had two cases in which the version required so little effort that he doubted whether the action of the uterus did not itself assist him in giving the child the desired position.

Dr. Klaproth reported two cases in which the head rested on the sacrum, in which he caused it (the head) to enter the pelvic strait by external pressure.

Dr. Kristeller also has performed this operation frequently, and on the whole has found it of easy accomplishment. He says that a firm grasp of the hand is necessary to turn the child, and he does not approve of the use of cushions. Neither can much be accomplished by lateral pressure against the head, as it yields without moving the trunk.

Dr. Kauffmann said that the mechanical pressure of the underlying cushion must not be considered the only active agency at work. If the projecting head or breech be forced back by cushions, the action of the uterine pains, and the exertions of the child itself, which is placed in an uneasy position, will aid in finally placing the head in the pelvis.

Dr. Martin was asked whether he had performed this operation only before the rupture of the membranes, or whether, after the evacuation of the waters, a favorable change of position may be effected? He replied that under the latter circumstances he had practiced version successfully.

A military hospital, with 200 beds, has been opened in Hestonville, near this city. Dr. D. Hayes Agnew is the Surgeon in charge.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 26, 1862.

BREAD.

Bread is so common an article of food in civilized life that its preparation becomes a matter of great importance in a hygienic point of view. The quality of the bread we eat, as well as the purity of the water we drink, has much to do with the preservation of health. The former, perhaps, more than the latter, requires to be scrutinized closely, both as to the process of manufacture and the materials which enter into its composition, for deleterious agents may in this form work silently but surely the positive injury, if not utter destruction of the vital system.

There are two processes by which bread is made, viz., by *fermentation* and by the reaction of *chemical agents*. In the former process the required quantity of flour is prepared, and *yeast* is added to it, which, under the influence of proper heat, generates carbonic acid gas, permeates the mass, and renders it porous and light. In this condition it is baked.

Chemically speaking, yeast "possesses all the characteristics of a compound of nitrogen in a state of putrefaction, and evolves carbonic acid gas from its own mass, like other bodies in a state of decomposition," (Liebig.) "It is nothing more than the decomposing vegetable gluten or albumen produced by previous fermentation. If yeast be examined by the microscope, it is found to contain a vast number of globular bodies, *possibly animalcules*, which derive their nutriment from it," (Kane.) By other authorities it is reckoned among the *fungi*, and classed with the mould, toadstool, etc. Brewer's yeast, on the other hand, or that which is used in the manufacture of fermented liquors, "consists, it is said, of more or less oval bodies, which continually give off joints, so as to produce short, branched, necklace-like threads. These joints fall off, and rapidly give rise to a new generation, which is successively propagated till the substance is produced which is known under the name of yeast."

In the manufacture of bread the effects of yeast upon the constituents of the flour—gluten, albumen, starch, sugar, etc.—are to produce vinous fermentation, by which the sugar is converted into alcohol. "The saccharine matter of the flour is thus displaced by nearly half its weight of spirit,

and this latter is volatilized or expelled by the heat of the oven," (Dr. Ure.) "The amount of alcohol thus produced exactly corresponds with that of the sugar the flour originally contained," (Liebig.) The fermentation continues until the whole of the sugar is decomposed, and is succeeded by the *acetous* (or sour) *fermentation*, which forms another link in the progressive development of putrefaction. The life or vitality of the flour is thus, in part at least, destroyed, the process of fermentation affecting the whole mass.

The chemical agents most commonly used in the manufacture of bread or biscuit are bitartrate of potassa (cream of tartar) and bicarbonate of soda, the one having an excess of tartaric acid, the latter of carbonic acid gas. These salts are either added to the dry flour, forming what is known as "prepared" flour, or at the moment of mixing, in the domestic method. The result of this combination is a chemical reaction upon the application of moisture and heat, by which the tartaric acid is liberated and unites with the soda, evolving carbonic acid gas, which permeates the dough, giving it its light, spongy texture, and, at the same time, forming an entirely new compound salt—the tartrate of soda and potassa—which remains as a permanent product in the bread. The original elements thus introduced have entered into a new combination, which operates upon the system as a cooling purgative, renders the urine alkaline, and furnishes a basis for the formation of urinary calculi.

But it not unfrequently happens in domestic manufacture that the "bread sponge" becomes "sour," and to restore the mass to its former sweetness saleratus or soda is used. The acidity is thus neutralized, or, in more scientific language, the acetic acid produced by the acetous fermentation having a great affinity for the potash and soda of the carbonates, unites with them, liberates the carbonic acid gas, and forms two new chemical compounds—acetate of potash and acetate of soda. The former of these, in its action upon the human system, is a diuretic and purgative. If, however, the soda or saleratus be in excess (as it is most likely to be) of what is needed to correct the acidity of the sponge, it remains undecomposed in the bread, and is more decidedly and actively injurious than when converted into the acetate. A constant *medicinal action* is thus kept up in the system; the stomach becomes deranged, giving rise to indigestion, with its concomitant evils, or laying the foundation of disease in the general system.

If now we add to this view another important feature, the picture will be complete—we refer to the adulterations of bread. To say nothing of the foreign elements which enter into the composition of domestic yeast, and which possess no nutritious properties whatever, but are only introduced to promote the putrefactive process, which evolves carbonic acid gas; or of the impurities which naturally accumulate in the process of mixing and baking, and which are almost inevitable attendants upon it—we will allude only to some of the more injurious of these adulterations. Sulphate of copper (blue vitriol) is sometimes employed as a means of increasing the capacity of the flour for absorbing moisture, and thus increasing the weight of the bread. For the same purpose alum is used. This latter adulteration is exceedingly common in the so-called "baker's bread," and has the still further effect of imparting whiteness and lightness to it. But its effects, when taken into the system, are those of a topical astringent upon the surface of the stomach and alimentary canal, deranging the absorbent system, and producing acidity of the stomach, flatulence, headache, and constipation, as some of its consequences. If continued, the system is deprived of the nourishment it ought to receive. The presence of dyspepsia and general derangement of the organs concerned in digestion is then no marvel among those who use daily such adulterated bread. The wonder is, rather, that any escape. And among those accustomed to the use of bread of domestic manufacture in all its various stages of "hot" and "stale," "sour" and "sweet," it is marvelous that more do not succumb to its deleterious properties.

But how shall bread be manufactured in order to avoid the injurious results we have mentioned? We answer: In such manner as that the flour shall lose none of its constituent or nutritious qualities; that it shall undergo no chemical decomposition, by which one of its nourishing elements shall be displaced by one which is deleterious; in a word, *without fermentation*. The carbonic acid gas, which gives to all bread its vesicular or spongy texture, should be introduced into it in its pure unadulterated state, and isolated from all the surroundings of putrefaction. The flour should be pure, and the process of mixing and kneading should be carried on in vessels closed from the ingress of impurities from with-

out. Manufactured in this manner, bread cannot be otherwise than pure. The constituents of the flour are left both unchanged and uncontaminated. It is free from acidity, and may be eaten warm with entire impunity. Its rich and nourishing properties are all retained, and no deleterious compound or combination is liable to be introduced into the system. To the dyspeptic or the invalid such bread will be invaluable, as containing the essential agents of digestion and assimilation, and all may use it with the pleasing assurance of its purity and healthfulness, and that with the "staff of life" they are not planting within their system the seeds of disease, to germinate in the future.

EDITORIAL NOTES AND COMMENTS.

Jefferson Medical College.—We record with pleasure the appointment of Dr. Ellerslie Wallace to the chair of Obstetrics and Diseases of Women and Children, in the Jefferson Medical College. Dr. Wallace has been connected with the college for many years, in the capacity of Demonstrator of Anatomy, in which position he was popular with the students, and gave satisfaction to the faculty and trustees.

A New Dressing for Fractures of the Inferior Maxilla—the most rapid and fixed that can be employed.—For the benefit of our army surgeons, we publish the description of Dr. James E. Garretson's handkerchief dressings for the various fractures of the jaw as taught at the Philadelphia School of Anatomy and Surgery. These dressings for simplicity and ready adaptation are certainly unequaled. They are applied and taken off, tightened or loosened so quickly, and what is also much to the point where complicated dressings are concerned, are so easily remembered after being once applied, that we incline to believe that they will take the place of all other head dressing.

Description of Dressing for Fracture in front of Angle.—Fold a handkerchief in cravat, (or take a strip of the ordinary roller, say a yard in length,) place the base or middle of the cravat under the chin, carry the tails up the side of the face, crossing high on the os frontis; carry the tails bi-parietally around the head and cross again over the occiput; bring the tails forward around the front of the chin, and pin or tie.

Dressing No. 2, for Fracture of Angle or Ramus.—Fold two handkerchiefs in cravat, and tie together for the purpose of having length enough; place the middle of one across the forehead, carry the long tail around the vault and let it meet the shorter, just in front of the ear, the long end above the short one; turn the one over the other; this fixes the dressing around the vault. Bring the short tail down in front of the ear, carry the long tail obliquely over the vault, back of the ear, around under the chin, up and back of the ramus of the injured side, and fix, or repeat the oblique turn if the dressing is long enough.

This last dressing makes the most fixed cap of the head with which we are acquainted, simply by spreading out the oblique tail and pinning or stitching it to the circular turn.

It is also well adapted to making compression on almost any artery of the head or face. Dr. Garretson also meets with it several other indications. Every surgeon, and especially every army surgeon, should make himself acquainted with these dressings.

Dysentery.—A number of correspondents have written to inquire concerning a mode of treating dysentery that had been spoken of in our Periscope Department. We would refer our readers to the article on that subject in the Periscope department of this number, in which the treatment is detailed.

Easy Honors and Great Performances.—The following item is taken from a Gettysburg paper:

"Dr. James Cress, of this county, has been appointed Assistant Army Surgeon on board the Daniel Webster. After the battle of Fair Oaks, within the space of forty hours from the time they commenced operations, Drs. Cress and Taylor dressed the wounds of fifteen hundred soldiers.—They labored incessantly night and day, and only partook of one meal during that time."

A respected correspondent strips the lion's skin from this would-be assistant surgeon, and shows up the magnitude of his pretensions, and, at the same time, the exceeding littleness of his claims. Our correspondent says:—

"This Dr. Cress is an eclectic, a satellite of Paine, of that school. He and Taylor were on board the Daniel Webster *as nurses*, as the record in the Sanitary Commission's rooms (1335 Chestnut Street) proves. Medical Director King also informs me that he is not an assistant surgeon by any Philadelphia appointment. The dressing of fifteen hundred wounded soldiers, however, in

forty hours, proves all to be a lie. Of these, probably five hundred would have two wounds each; as many more have fractured limbs; at least one hundred would require amputation; as many more ligatures of arteries; and as many extraction of balls. Besides, there must have been at least one hundred surgeons there, regular and volunteer, at and after the battle, and if all dressed in the same proportion, there must have been 150,000 wounded!"

CORRESPONDENCE.

Domestic Correspondence.

THE PRUSSIATE OF POTASSIUM.

Enon Valley, Lawrence Co., Pa., July 24, 1862.

Eds. Med. and Surg. Reporter:—Under the head of "Periscope," in the Reporter of June 28th, 1862, I notice some extracts from Dr. S. F. Newcomer's remarks on the prussiate of potassium, published in the February number of the *Cincinnati Lancet and Observer*. I have used this article quite extensively in my practice for several years, but I cannot say that I have seen such wonderful effects following its employment as Dr. Newcomer. In some diseases it is a very excellent therapeutical agent, and will fill quite a number of indications. In pulmonary tuberculosis, it may be very advantageously used to mitigate three very annoying symptoms—excessive cough and expectoration, inordinate action of the heart, and hectic fever; in all these particulars it has few rivals in the Pharmacopœia.

Dr. Smart, of Kennebec, Maine, was the first to introduce this medical agent to the favorable notice of the profession for phthisical catarrh, in an article published in the thirteenth number of the *American Journal of the Medical Sciences*. You would confer a great benefit upon the profession if you would republish that article of Dr. Smart's in the Reporter. Although it is many years since it was written, yet it contains more valuable knowledge in regard to the therapeutical action of the prussiate of potassium than you will find in any of the systematic writers on materia medica. Dr. Wood, in his extensive work on Therapeutics, recently published, never mentions it. From my own experience, I am satisfied that it is worthy of more notice than it has hitherto received, and that it should be more extensively prescribed, particularly in phthisis.

Yours truly,

A. P. Dutcher.

SCIRRHUS OF THE PYLORUS, ENLARGEMENT OF THE CARDIAC REGION, AND MOTTLED HYPERTROPHY OF THE LIVER.

Auburn, N. Y., July 12, 1862.

The patient, Garret Putman, by avocation a furnaceman, aged forty-two, married; had necrosis of the left tibia for the last twenty years, originating from the cut of a scythe. Most of the time he complained of pain, with an occasional discharge. About a twelvemonth since, his left leg was amputated a little below the knee, the stump healed rapidly, and in six months was enabled to wear an artificial leg.

About this time there commenced an uneasy sensation in the region of the stomach, which continued to increase and extend over certain portions of the liver and abdomen. There was occasional pain in the right shoulder, loss of appetite, and emaciation, but was able to attend to his business until within three weeks of his death. When confined to his room he had vomiting, with a hard tumor just below the ensiform cartilage, extending to the right, and tender on pressure. His pain was severe at times, but readily relieved by anodynes. For the last week he had violent epistaxis, but less of vomiting. His bowels moved freely by medicine, but the hard tumor continued to increase. The vessels of the abdomen were somewhat varicose, and tympanitic distention general.

At the autopsy there was exhibited a most frightful mass of stomach and liver disease. The liver, on being weighed, was over thirteen pounds, and in its substance was mottled through and through. It was so softened that the finger could be thrust through its substance with the greatest ease. The gall-bladder was full of an exceedingly healthy bile, and totally exempt from calculi, the bile flowing through the ducts on the slightest pressure, which, doubtless, was the cause of his being exempt from jaundice or dropsy.

The stomach was enlarged at its cardiac region, and the pylorus in a state of terrible scirrhus, being full half an inch thick, so that it would scarcely admit a crow-quill, thus giving occasion to his vomiting when alive.

The lungs were dense, engorged, and replete, with a melanoid deposit. The mesenteric glands were tumefied, and gathered up *en masse*. The remainder of the viscera were healthy.

The physicians present were Drs. Sanford, Bellamy, Briggs, Taber, and several others.

C. P. Sanford, M.D.

Army Correspondence.

PECULIAR VARIETY OF FEVER WITNESSED IN THE CAMPS ON FAIR OAKS BATTLE-FIELD; ITS PROBABLE CAUSE AND THE TREATMENT EMPLOYED.

HARRISON'S LANDING, VA., July, 1862.

EDS. MED. AND SURG. REPORTER:—On the first of June last, the "Excelsior Brigade" finished the battle of Fair Oaks, which for two days had been in progress, by a brilliant bayonet charge. The enemy was driven from the ground, and the brigade making the charge camped upon the battle-field, and there they remained until the 29th.

The battle-field reached, perhaps, a mile along the Williamsburg turnpike. It was level, in several places swampy, and was covered partly with felled timber, partly with woods, and partly with trampled corn and wheat. The regiment to which I have the honor to belong was camped in a thin belt of woods, a little to the left of the battle-field proper. A good well of water, a rare luxury, was in the centre of the camp.

We had been in camp but a few days when a peculiar type of fever was observed. The patient would be seized with the usual premonitory symptoms of fever. Lassitude and a feeling of general malaise would exist perhaps for a day or two, after which the patient would present himself with a furred tongue, bowels either constipated or regular, headache and vertigo, and a pulse extremely weak. The headache was universally attended with vertigo; of that the patient made the loudest complaints. The expression was almost common to all: "I'm not very sick, don't feel sick, but I have a dull headache, and when I attempt to stand up, my head swims so that I can't see to stand, and then I'm so weak I can hardly walk."

And the patients *were* weak. The pulse was frequently so feeble as to be felt with difficulty. This was a marked symptom—*the peculiar symptom*—an excessively feeble pulse with vertigo. There was but little heat or dryness of skin.

The fever was of short duration—averaging not over three or four days—rarely lasting a week. Extreme prostration existed throughout; the patient, no matter how stout or hearty before the attack, became as prostrated as if he had been suffering for several weeks with typhoid. The loss of appetite was complete. There was comparatively little thirst. Another marked symptom, which Dr. Lodge, my acting assistant-surgeon, tells me he observed in nearly every case, was a red suffused condition of the eye. The *extremely* feeble pulse, vertigo, and suffused eye were diagnostic. Torpidity of the liver existed to a greater or less extent.

The cases (and we had a great many of them) were very amenable to treatment, if taken at the commencement. My treatment, and one which proved equally successful in the hands of my asstant, was as follows: At the outset a brisk mercurial cathartic was given, my usual prescription was—

℞.—Hyd. Chlor. Mit. gr. x;
Pulv. Rhei. ʒj. M.
S. Take immediately.

This freely unloaded the bowels, with the usual effect upon the hepatic secretion. As soon as the cathartic had ceased operating, I gave quinine freely, and in large doses. Small doses, even though frequently repeated, did not have the desired effect. I usually gave the following:—

℞.—Quin. Sulph. ʒss;
Div. in Chart. No. iij.
Ter in die.

If the quinine showed any tendency toward producing unpleasant cerebral symptoms, I combined it with opium, in the proportion of one-half grain to each dose, but it was very rarely that any such effect was experienced. Freqently the quinine was combined with capsicum.

The effect of this treatment was all that could be desired. No fatal case occurred, although patients, convalescing from other diseases and quite weak, were often attacked with this fever. The patients seldom remained a week off duty, although the quinine in doses somewhat smaller (from ten to twenty grains per day) was given for a week or two longer. To show the extent to which the quinine was given, I may mention the fact that for a week or two *over an ounce* of quinine a day was administered at my dispensary. The mercurial cathartic seemed indispensable to a speedy convalescence. In those cases in which other cathartics were given, the quinine did not seem to have the desired effect.

What was the cause of the fever? Was it miasma? Some of the symptoms would go to prove this hypothesis, and the treatment would perhaps also indicate it; but the swamps which existed at the time of the battle soon dried up, and there was not the heat, moisture, and decaying vegetation to engender the malarial poi-

son. Having spent most of my life in a region of country renowned for its miasmatic diseases, I am convinced that in Camp Fair Oaks the marsh miasm was not present to any great extent, or it would have been more or less patent to the senses.

And, indeed, previous to the battle the regiment had been encamped in the White Oak swamp, on the banks of the Chickahominy, where miasm did exist, and where intermittent fever especially was very common. Fair Oaks was five or six miles from the river. Marsh miasm could not, therefore, be held *wholly* responsible for this fever, although no doubt not without its influence.

The men were overworked. Every third day they were on picket. Every picket day some one or two, and sometimes more, were killed or wounded. Picket service was, therefore, not an idle farce, but a harassing, tiresome, unpleasant duty. In the intervals of picket duty the men were frequently employed upon the trenches. This severe bodily labor, added to the mental anxiety incident to picket duty, produced a depressed state of the system. The water was unusually good. The camps were policed. The sinks were at some distance from the regiment.

The dead on the battle-field were buried by their comrades, and few of them were over two feet under ground. The task of burying both our own and the enemy's dead was an arduous one, hence the insufficient depth of the graves. A few were left upon the surface of the ground, they being much decomposed when found, and covered with earth. The horses were covered with cord wood and burned. About a week after the battle the debris remaining upon the ground, consisting of every imaginable variety of camp refuse, was collected and burned, the incomplete graves covered with fresh earth, etc.; but in despite of all precautions the exhalations from the battle-field *were most offensive*. Chlorinated lime was used to some extent, but the quantity furnished was very limited. The stench was frequently most disgusting.

The noxious gases exhaled had a directly depressing effect. A stay of but a few hours near where the stench was most observable, and invariably the depressing effect could be felt upon the system. The toxical effect of the exhaled gases was indubitable, and was recognized by almost every one. The men would declare the stench made them sick. The cause of the fever may perhaps be assumed to be a combination of all these agents. Marsh miasm, gases exhaled from putrefying bodies, and overwork in the hot sun, combined with mental anxiety. Since our arrival at this camp, near the James River, notwithstanding the most fatiguing marches, and a three days' battle, exposure to all sorts of weather, with insufficient food, and all the severe duty since put upon us, not a case of this fever has presented itself, nor has anything like it been observed. It has disappeared entirely.

J. Theodore Calhoun,
Surgeon, 5th Excelsior.

NEWS AND MISCELLANY.

Personal.—The following assignments have been made of medical officers:—

Medical Inspectors Perley and Coolidge to duty in the Surgeon-General's Office, and in the Military District of Washington.

Medical Inspectors Cuyler, Keeney, Lyon, and Allen, to report in person to the Assistant Surgeon-General, at St. Louis, for duty in the Department of the Mississippi.

Medical Inspector Mussey, and Assistant Surgeon Parry, to report in person to Gen. McClellan, for duty in the Army of the Potomac.

Surgeons and Chaplains.—The War Department has been informed by Gen. Dix that the Confederate authorities have ordered the unconditional discharge of all Federal surgeons and chaplains taken prisoners in the discharge of their legitimate duties. This is in accordance with the example set them by this government.

Artificial Ice.—For some months past an ice-making machine has been in operation at Westminster, London, which effects its purpose cheaply and quickly, by an ingenious process. Sea water, as most readers know, does not freeze at the temperature of 33 degrees, as fresh water does. Advantage is taken of this fact in the following way: A number of flat, square metal boxes, filled with fresh water, are placed within an air-tight chamber, around which a constant circulation of sea water goes on, which, by the evaporation of ether, has been reduced in temperature below the freezing point. This circulation chills all the boxes, and freezes fresh water into hard solid squares, fit for any use to which ice is commonly applied. A small steam engine connected with the apparatus maintains a vacuum in the chamber, and condenses the ether, which is thus made to do its work of refrigeration over and over again with but little loss; not more than about eight pence a day.

Water-Proof Glue.—Fine shreds of India-rubber, dissolved in warm copal varnish, make a water-proof cement for wood and leather. Take glue, twelve ounces, and water sufficient to dis-

solve it; then add three ounces of resin, and melt them together, after which, add four parts of turpentine. This should be done in a water-bath, or in a carpenter's glue-pot.—*London Chemical News.*

Surgeon-General Hammond has selected Point Lookout, at the junction of the Potomac River with the Chesapeake Bay, as a location for a hospital, to accommodate four or five thousand patients. The locality is spoken of as a remarkably healthy one.

General Hospital at Harrison's Landing.—The building occupied for hospital purposes at Harrison's Landing, on James River, is the old Harrison mansion, the birth-place of President Wm. H. Harrison. It is a brick building, forty by sixty feet. Dr. Anthony E. Stocker, of this city, late Medical Director of Gen. McCall's Division, has charge of the hospital. Dr. Stocker was wounded in the arm by a piece of shell at the battle of Malvern Hill. He has associated with him Dr. L. W. Oakley, formerly Brigade Surgeon of a New Jersey brigade, and Drs. Herrick, D. Kearns, A. Arthurs, and S. Andrews, Jr.

Dr. Whitesell, of Pittsburg, late of the 63d Pennsylvania Volunteers, died recently at Harrison's Landing, of brain fever.

Disease produced by Zinc Vapor.—Dr. Greenhow recently read a paper before the Royal Medical and Chirurgical Society on a peculiar affection to which brass-founders, and others who are exposed to the fumes of deflagrating zinc, are liable. The disease resembles ague, excepting that the paroxysms are not periodical. The paroxysms always occur at night, following a day of exposure to the fumes. It is said that the disease can always be prevented by employing a draught to carry the fumes away from the workmen.

Rennet Wine.—Mr. Ellis communicates to the *Dublin Medical Press* his experience in the use of rennet wine in gastric derangements. The remedy is prepared from the fresh stomach of the calf, the upper or cardiac portion of which is cut off and thrown away, as it contains fewer glandular follicles. The stomach is then slit up and wiped dry, cut into very small pieces, and put into a wine-bottle. The bottle is filled with sherry wine, and is allowed to remain corked for three weeks. The dose administered is a teaspoonful after each meal.

Mr. Ellis says that a single dose, given daily after dinner, will be found sufficient to act speedily and effectively, without other treatment, in the usual functional disorders of the stomach. It is not easy to explain the operation of this small quantity on the large supply of the gastric secretion required for the thorough digestion of an ordinary meal. The action is due to those indirect chemical changes called catalytic transformations, which some organic substances, by their presence and contact, induce in each other, and in other proximate principles. Thus, the conversion of a small portion of food into healthy albuminose by this small quantity of sound gastric juice, may induce the same healthy action throughout the stomach contents during the entire process of stomach digestion. It is at least equally difficult to explain the action and rapid extension of ferments generally in their appropriate solutions.

Marriages of Consanguinity.—In a communication from Paris to the *British-American Journal*, Dr. W. N. Coté says: "Dr. Devay, Professor of Clinical Medicine at the Medical School of Lyons, has just published an interesting work on the disastrous effects of marriages among relations. He shows that in fixing certain prohibited degrees of consanguinity, the church, in point of fact, was only favoring the observance of one of the most important laws of nature, the infringement of which is punished with inevitable degeneracy. Unions within the limits of consanguinity are hurtful, not only to the human race, but also to animals. It is true that such unions among the latter are promoted by the breeder for profit's sake. The Disley and Durham oxen, so admirable in the eyes of the breeder, are instances of this; but sterility is the usual consequence of this practice. In the human race, two circumstances have contributed to favor marriages among relations; the first occurs when a small population is pent up in some remote hamlet not easily accessible.

"In such places marriages between consanguinity people is the rule. The second case is that of families desirous of maintaining their rank in society, or preventing the dispersion of their fortune by marrying within their own circle. Dr. Devay states that out of 121 marriages of this kind observed by him, 22 were barren. Only four of the number were marriages between uncles and grand-nieces; the others were between cousins or the issues of cousins. When sterility does not occur, the issue is diseased, or affected with blindness or deafness; also in many cases afflicted with irregularity of conformation. Of all these irregularities, polydactilism or multiplicity of fingers is the most frequent. Dr. Devay has observed this in 17 out of the 121 cases above mentioned. He states that in a certain secluded spot, where the inhabitants had no communication with other populations, polydactilism had become quite endemic; and that this strange anomaly disappeared some time after a new road had been cut through the place."

Ladies and Medical Degrees in England.—A correspondent of a foreign paper says: "At a recent meeting of the senate of the University of London, the subject of admitting women to the degree of the university was raised by the petition of a young lady to be admitted as a candidate for a medical degree. As at present constituted, the university has no power to receive female candidates, and therefore only one answer could be given to that special application. It being in contemplation, however, to procure an amended charter for the university, there was a good opportunity of recommending to the crown an alteration in this particular point. Accordingly, at a subsequent meeting of the senate, the

vice-chancellor (Mr. George Grote, the historian of Greece) moved a resolution as follows: 'That the senate will endeavor, as far as their powers reach, to obtain a modification of the charter, rendering female students admissible to the degrees and honors of the University of London, on the same conditions of examinations as male students, but not rendering them admissible to become members of convocation.' There voted with Mr. Grote the following members of the senate; Dr. Foster, Chairman of the Convention; Mr. Robert Lowe, M.P., Vice-President of the Privy Council; Mr. Paget; Sir Edward Ryan; Dr. Roget; Mr. Senior, the well-known political economist; Lord Stanley; and Mr. Twistleton. The noes were, the chancellor, (Lord Granville;) Lord Overstone; Dr. Arnott; Dr. Billing; Mr. Faraday; Dr. Gull; Mr. Jessel; Mr. Kiernan, surgeon; Mr. Oslar; Dr. Storrar; five out of the ten being medical men. The motion was accordingly lost."

Atropine Paper.—Mr. Streatfield, of London, uses, for the purpose of dilating the pupil, a small piece of tissue-paper, which has been previously dipped in a solution of sulphate of atropine, and then dried. The size of the paper is one-fifth of an inch square, and is placed between the lower lid and the sclerotic. Each fragment of paper of this size is equivalent in its mydriatic effect to a drop of the solution of atropine as ordinarily used. A decided advantage of the atropine paper is the convenience with which it may be kept in the pocket ready for use. It is believed, also, that a more powerful effect can be produced than by the solution, which is so readily washed from the eye, the salt in the meshes of the paper dissolving out gradually, and with but slight increase in the flow of tears. Green-tinted tissue-paper is preferred, on account of contrast of color with the eye, making it readily distinguished when it is to be removed.

Chlorate of Potash Tablets.—Chlorate of potash has come into extensive use for removal of fetor of the breath, and may be used in the form of tablets, which can be conveniently prepared by the following formula in the convenient form of tablets: Chlorate of potash, ℥ijss; balsam of tolu, 3ss; alcohol sufficient to dissolve; sugar, 3x; mucilage sufficient to form a paste; divide into fifty tablets.

New Remedy for Obesity.—Dr. Duchesne recommends, as a remedy for obesity, the *fucus vesiculosus*, which he has used with success.—*Archiv. Gén. de Med.*

MARRIED.

Scott—Lincoln.—On the 22d inst., by Rev. J. Shrigley, James H. Scott, D.D.S., of Baltimore, and Maggie W. Lincoln, of Cecil County, Md.

Woolsey—Whitecar.—On the 25th inst., by the Rev. J. J. Woolsey, of Norwalk, Conn., Dr. Wm. F. Woolsey, Assistant Surgeon U. S. A., to Annie E., daughter of Wm. B. Whitecar, Esq. both of this city.

DIED.

Battey.—At his residence, in South Scituate, R. I., July 24th, Dr. Owen Battey, for many years postmaster of that place, in the ninetieth year of his age.

Reeves.—In Fairmount, Marion County, Va., June 25th, of congestion of the brain, Lydia, wife of Dr. James E. Reeves, aged thirty-three years seven months and twenty-three days.

Seydell.—At Chinendega, Nicaragua, on the 11th of April, Arthur Seydell, M.D., a graduate of Jefferson College, Philadelphia, in the twenty-eighth year of his age.

Williams.—At Thibodaux, La., July 5th, Dr. Richard Dalton Williams, the well-known Irish patriot and poet, of hemorrhage of the lungs. The deceased was born in the County of Tipperary, Ireland, in 1821 or 1822, and was educated in Carlow College, where he was distinguished by his poetic genius. He subsequently entered with enthusiasm into the projects of the Young Ireland party, and was engaged in the abortive attempts of 1848, after which he emigrated to this country. For some time he filled the chair of Belles-Lettres in Springhill College, Mobile.

Answers to Correspondents.

Dr. J. B. W., Ohio.—We attend to the purchase of books, instruments, and anything else pertaining to the practice of medicine for our subscribers, furnishing them at the regular Philadelphia retail prices.

Dr. A. D. F., N. Y.—We do not see that there is any additional security in registering letters. It rather, it seems to us, offers a premium to dishonesty, by informing a dishonestly-inclined postmaster or clerk just what letters to open. There is very little risk in sending money in the ordinary way by mail.

Vital Statistics.

Of Philadelphia, for the week ending July 19, 1862.

Deaths—Males, 212; females, 156; boys, 137; girls, 114. Total, 368. Adults, 117; children, 251. Under two years of age, 199. Natives, 294; Foreign, 52. People of color, 13.

Among the causes of death, we notice—Apoplexy, 3; convulsions, 19; croup, 2; cholera infantum, 77; cholera morbus, 5; consumption, 25; diphtheria, 5; diarrhœa and dysentery, 16; dropsy of head, 3; debility, 25; scarlet fever, 10; typhus and typhoid fever, 19; inflammation of brain, 8; of bowels, 7; of lungs, 11; bronchitis, 3; congestion of brain, 11; of lungs, 1; erysipelas, 2; hooping-cough, 0; marasmus, 28; small-pox, 3; wounds, gunshot, 3.

For week ending July 20, 1861.....365
" " July 19, 1862.....368

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 1544.

Of New York, for the week ending July 14, 1862.

Deaths—Males, 107; females, 85; boys, 193; girls, 168. Total, 553. Adults, 192; children, 361. Under two years of age, 265. Natives, 417; Foreign, 141; Colored, 2.

Among the causes of death, we notice—Apoplexy, 8; infantile convulsions, 49; croup, 5; diphtheria, 13; scarlet fever, 23; typhus and typhoid fevers, 19; cholera infantum, 74; cholera morbus, 0; consumption, 65; small-pox, 2; dropsy of head, 22; infantile marasmus, 30; diarrhœa and dysentery, 19; inflammation of brain, 10; of bowels, 13; of lungs, 15; bronchitis, 5; congestion of brain, 17; of lungs, 4; erysipelas, 3; hooping-cough, 0; measles, 0: 319 deaths occurred from acute disease, and 46 from violent causes.

For week ending July 20, 1861.....000
" " July 19, 1862.....000

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 1654.

Of Boston, for the week ending July 12, 1862.

Deaths—Males, 43; females, 39. Total, 82. Natives, 54; Foreign, 20.

Among the causes of death, we notice—Phthisis, 14; cholera infantum, 4; croup, 0; scarlet fever, 5; pneumonia, 1; variola, 1; dysentery, 2; typhus fever, 3; diphtheria, 0; hooping-cough, 0; convulsions, 3.

Population of Boston in 1860, 177,902. Average corrected to increased population, 83·05.